MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/590973. **FILING DATE** 27 OCT 2007

APPLICANT(S)

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.		AS FILED IND.	AS FILED DEP.	AFTER 1ˢᵗ AMENDMENT IND.	AFTER 1ˢᵗ AMENDMENT DEP.	AFTER 2ⁿᵈ AMENDMENT IND.	AFTER 2ⁿᵈ AMENDMENT DEP.
1	/		/				51						/
2	/	/		/			52						/
3		/		/			53						/
4		/		/			54						/
5		/		/			55						/
6		/		/			56						/
7		/		/			57						/
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10		/		/			60						/
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13		/		/			63						/
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16		/		/			66						/
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18		/		/			68						
19		/		/			69						
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22		/		/			72						
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42						/	92						
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44						/	94						
45						/	95						
46						/	96						
47						/	97						
48						/	98						
49						/	99						
50						/	100						
TOTAL IND.	2		2		2		TOTAL IND.						
TOTAL DEP.	23		23		39		TOTAL DEP.						
TOTAL CLAIMS	25		25		41		TOTAL CLAIMS						